

2002 UNIFORM BUSINESS REPORT (UBR)

FILED
May 28, 2002 8:00 am
Secretary of State

05-28-2002 91696 009 ****61.25

DOCUMENT # 741787

1. Entity Name

ARIEL, CHURCH OF ONTOLOGY, INC.

Principal Place of Business

Mailing Address

**5226 ATLANTIC BLVD
 JACKSONVILLE FL 32307**

**5226 ATLANTIC BLVD
 JACKSONVILLE FL 32307**

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-1885980

Applied For

Not Applicable

5. Certificate of Status Desired

\$8.75 Additional Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

**FANTON, SHAROLYN
 5226 ATLANTIC BLVD # 286
 JACKSONVILLE FL 32207-2406**

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW: FEE IS \$61.25

9. Election Campaign Financing Trust Fund Contribution.

\$5.00 May Be Added to Fees

Make Check Payable to Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE	EC	<input type="checkbox"/> Delete
NAME	KERSTETTER, DOROTHEA	
STREET ADDRESS	5226 ATLANTIC BLVD # 286	
CITY-ST-ZIP	JACKSONVILLE FL 32207-2406	
TITLE	AD	<input type="checkbox"/> Delete
NAME	FANTON, SHAROLYN I	
STREET ADDRESS	5226 ATLANTIC BLVD # 286	
CITY-ST-ZIP	JACKSONVILLE FL 32207-2406	
TITLE	S/TR	<input checked="" type="checkbox"/> Delete
NAME	KRUTZ, MARGARET L	
STREET ADDRESS	11712 SAIL AVE	
CITY-ST-ZIP	JACKSONVILLE FL 32246	
TITLE	POBT	<input type="checkbox"/> Delete
NAME	SHANKS, CAROLYN G	
STREET ADDRESS	5201 ATLANTIC BLVD # 286	
CITY-ST-ZIP	JACKSONVILLE FL 32207-2482	
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Delete
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE	S/TR	<input checked="" type="checkbox"/> Change <input type="checkbox"/> Addition
NAME	Lisa J. Broward	
STREET ADDRESS	105 Sandra Rd	
CITY-ST-ZIP	Jax FL 32211	
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		
TITLE		<input type="checkbox"/> Change <input type="checkbox"/> Addition
NAME		
STREET ADDRESS		
CITY-ST-ZIP		

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE: *Lisa J. Broward*

May 8, 2002

CR2E037 (9/01)